RX.PA.034.MPC Specialty Enzymes (Lumizyme and Fabrazyme)

The purpose of this policy is to define the prior authorization process for the following specialty enzymes: Lumizyme (alglucosidase alfa) and Fabrazyme (agalsidase beta).

- Lumizyme (alglucosidase alfa) is indicated for patients with Pompe disease. Lumizyme consists of the human enzyme acid alpha-glucosidase (GAA) and are intended for intravenous infusion.
- Fabrazyme (agalsidase beta) is a recombinant human enzyme indicated for use in patients with Fabry disease. Agalsidase beta (Fabrazyme) reduces globotriasylceramide (GL-3) deposition in capillary endothelium of the kidney and certain other cell types.

DEFINITIONS

Mucopolysaccharidosis I – a rare, autosomal recessive genetic disease caused by a defect in the gene coding for the lysosomal enzyme alpha-L-iduronidase resulting in inability to produce sufficient amounts of the enzyme

Hunter Syndrome – a serious progressive genetic disorder caused by a deficiency or absence of the lysosomal enzyme (iduronate-2-sulfatase) required for the degradation of glycosaminoglycans (GAG) resulting in accumulation of GAG in cells throughout the body. Hunter Syndrome affects males almost exclusively.

Mucopolysaccharidosis VI – a progressive lysosomal storage disorder caused by a deficiency in the arylsulfatase B enzyme causing retention of glycosaminoglycans leading to multisystemic organ damage

Pompe Disease – A genetic absence or deficiency of acid alpha-glucosidase (GAA) resulting in build-up of glycogen in the cardiac and skeletal muscles, and in hepatic tissue. This results in the development of cardiomyopathy, progressive muscle weakness, and impairment of respiratory function.

Fabry Disease – a rare genetic disorder caused by a defect in the gene for the lysosomal enzyme alpha-galactosidase resulting in inability or diminished ability to catabolize certain lipids. These lipids then accumulate in many cell-types throughout the body.

Globotriasylceramide – a type of glycolipid compound that accumulates in blood vessel walls of people with Fabry disease

PROCEDURE

A. Initial Authorization Criteria:

Must meet all of the criteria listed below under each respective drug.

Lumizyme (alglucosidase alfa)

- Must be prescribed by or in consultation with a physician who specializes in the treatment of inherited metabolic disorders or a neurologist
- Must have a confirmed diagnosis of alpha glucosidase deficiency (Pompe disease)
    - Diagnosis must be confirmed through GAA enzyme assay (from blood, skin fibroblasts, lymphocytes, or muscle) and/or identification of GAA gene mutation

Fabrazyme (agalsidase beta) and Galafold (migalastat)

- Must be prescribed by or in consultation with a provider who specializes in the treatment of inherited metabolic disorders

- Must have a diagnosis of Fabry disease confirmed by one of the following:
    - Genetic test confirming mutation of galactosidase alpha (GLA) gene
    - Biopsy of tissue or organ (such as kidney) showing intracellular globotriaosylceramide (Gb3) inclusion
    - Confirmed family history of Fabry disease and familial mutation has been identified
    - Male members only may also have their diagnosis confirmed by an Alpha-galactosidase A (alpha-Gal A) enzyme activity <3%

B. Must be prescribed at a dose within the manufacturer's dosing guidelines (based on diagnosis, weight, etc) listed in the FDA approved labeling.

C. Lumizyme and Fabrazyme will be considered investigational or experimental for any other use and will not be covered.

D. Reauthorization Criteria:

All prior authorization renewals are reviewed on an annual basis to determine the Medical Necessity for continuation of therapy. Authorization may be extended at 12-month intervals based upon chart documentation from the prescriber that the member's

condition has improved based upon the prescriber's assessment while on therapy.

Limitations:

Length of Authorization (if above criteria met)	
Initial Authorization	Up to 1 year
Reauthorization	Same as initial

If the established criteria are not met, the request is referred to a Medical Director for review.

Codes: J Code(s)

Code	Description
J0180	Injection, agalsidase beta, 1 mg
J0221	Injection, alglucosidase alfa, (lumizyme), 10 mgf

REFERENCES

1. Aldurazyme [package insert]. BioMatin/Genzyme LLC. Novato CA, April 2008.
2. Elaprase [package insert]. Shire Human Genetic Therapies Inc. Cambridge MA, October 2007.
3. Naglazyme [package insert]. BioMarin Pharmaceuticals. Novato CA, June 2005.
4. Lumizyme [package insert]. Genzyme Corp. Cambridge, MA, September 2014.
5. American Association of Neuromuscular & Electrodiagnostic Medicine. Diagnostic criteria for late-onset (childhood and adult) Pompe disease. Muscle Nerve 2009;40:149-160
6. Kishnani PS, Steiner RD, Bali D,et al. Pompe disease diagnosis and management guideline. Genet Med 2006;8(5):267-288
7. Kishnani PS, Amartino HM, Lindberg C, et al. Methods of diagnosis of patients with Pompe disease: data from the Pompe registry. Mol Genet Metab 2014; http://dx.doi.org/10.1016/j.ymgme.2014.07.014
8. Fabrazyme [package insert]. Genzyme Corporation. Cambridge MA, December 2008.
9. Galafold™ [Prescribing Information]. Cranbury, NJ: Amicus Therapeutics; August 2018.

REVIEW HISTORY

DESCRIPTION OF REVIEW / REVISION	DATE APPROVED
Annual review	*02/2022*
Addition of dosing requirements and off-label restrictions	*12/2021*
P&T Review	*11/2020*